

Intern Application Senator Dianne Feinstein

To apply for an internship, please follow the instructions below carefully. Using your full name as the subject of the email, send all three documents described below as attachments in **one email** to internapp@feinstein.senate.gov (do not mail, do not fax).

1. Please include a **short** cover letter in the body of your email. Be sure to indicate which office you are applying to (Washington, San Francisco, etc).
2. Complete this application form. Save with your last name (example: Smith**App**.doc).
3. Submit a writing sample (prompt below). Save with your last name (example: Smith**Sample**.doc).
4. Submit a resume, including three references. Save with your last name (example: Smith**Resume**.doc).
5. Have one letter of recommendation e-mailed to the above address. Make sure the subject line reads: Rec: Your name and the letter addresses which office you are applying to (Washington, San Francisco, etc.)

California offices are rolling admissions

Session Name	Session Dates	Application Due Date
Summer I	May 14 - July 3	March 21
Summer II	July 9 - Aug 29	March 21
Fall*	September – December	July 19
Winter*	January – March	November 16
Spring*	April-May	February 28

*Session dates for these periods are flexible.

Writing Prompt:

Pretend you are writing a letter to the Editor of your local newspaper describing your position on a current event. Be sure to show your understanding of both sides of the debate and explain why you find one argument more persuasive than the other. Do not send a paper from a college class or an article written for your school newspaper as your writing sample.

*Note: include response to prompt in a separate document. Save with your last name (example: Smith**Sample**.doc).*

Intern Application
Senator Dianne Feinstein

Name:

Social Security Number:

Date of Birth:

Current Address:

**Parent/Guardian Name and
Permanent Address:**

Current Phone Number:

E-mail Address:

Internship Session: (“X” only one)

Fall	Winter	Spring	Summer (STATE)	Summer I (DC)	Summer II (DC)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Full Time ☐ **OR** **Part Time** ☐

Office: (“X” only one)

Fresno	Los Angeles	San Diego	San Francisco	Washington, D.C.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

College/University currently enrolled in:

Registrar’s Office Phone Number:

Year in School (as of TODAY):

Freshman	Sophomore	Junior	Senior	Graduate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Major

GPA

Graduation Year

Will you receive credit for this internship?

Yes

☐

No

☐

Are you a citizen of the United States?

Yes

No

☐☐

If no, what type of visa do you hold? From what country?